sRECORDS RECEIPT	S TRANSMITTAL	_ AND				y of this form to the ecords. See specific				PAGE 1	OF PAGES	
1 TO (as shown in 36 CFR 1228.150.)								(Enter the name and complete mailing address of the office retiring the records. eceipt of this form will be sent to this address.)				
	Federal Records Center											
6125 Sand Point Way NE Seattle, WA 98115						Γ					٦	
2 AGENCY TRANSFER AUTHOR- IZATION	TRANSFERRING AGE Mike Wells Regional Records Office	, 0	,					S EPA Region 10 tn: Mike Wells MP-144	'			
3 AGENCY CONTACT	TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No) Sara Bent. AWT-107 (206) 553-6350					- 1200 6 th Avenue, Suite 900 Seattle, WA 98101						
4 RECORDS CENTER RECEIPT	RECORDS RECEIVED	DBY (Signature and	Title)	DATE		L					Fold Line V	
6				RECOR	OS DAT	A					Edia Lino V	
ACCESSION NUMBER								COMPLE	TED BY R	ECORDS CENTER		

6			RECORDS DATA										
ACCES	SSION NU	MBER							COMPLETED BY RECORDS CENTER				
RG	FY	NUMBE R	VOLUME (cu. ft.)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (with inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (schedule and item number)	DISPOSAL DATE	LOCATION	SHELF PLAN	CONT.TYPE	AUTO. DISP.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	
412	2014		5	1-5	^RT State and Other Entity Relations and Oversight Files EPA 203a State Review – OR, WA, AK, ID Dated 01/01/2005 – 12/31/2008 Versatile Box #: 7118-7122		N1-412-07-1/9a EPA 203A	D – 12/2028 10 years					

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Standard Form 135 (Rev. 7-85) Facs Prescribed by NARA 36 CFR 1228.152